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Bib Data Sheet

CONFIRMATION NO. 8405

SERIAL NUMBER 10/634,477	FILING DATE 08/04/2003 RULE	CLASS 514	GROUP ART UNIT 1656	ATTORNEY DOCKET NO. 21368
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APPLICANTS

Paul Lehmann, Worms, GERMANY;

Ralf Roeddiger, Gornheimertal, GERMANY;
Ruth Walter-Matsui, Altenbuseck, GERMANY; *HR*

** CONTINUING DATA *****

NONE HR

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) 02019100.3 08/29/2002
HR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/24/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>HR</i> Initials	GERMANY	1	15	2

ADDRESS

000151
HOFFMANN-LA ROCHE INC.
PATENT LAW DEPARTMENT
340 KINGSLAND STREET
NUTLEY, NJ
07110

TITLE

Treatment of disturbances of iron distribution

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 750		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit